

## Earliest Settlers

Dates

Where &amp; Who

References

- At London Springs: William & Ellen Nish Davidson, Mary Timpahagos Davidson, James Bailey Davis, Robert Broadhead  
 1877 At Lake Creek Robert & Sarah A. Lindsay  
 At Lindsay Dell William & Mary Lindsay  
 1883 others came: Bengt Peterson, James Nash, Wm Murdoch Sr, Wm Baird Sr, John W Crook  
 At Lower Settlement (or Stringtown or Benjamin Mark Smith's Grave) 541  
 Sidney Hyrum Epperson, Jesse Hughes McCordall, David Wood, Coldest  
 Jeremiah Robey  
 At Mound City or Upper Settlement =

10 48-1050

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# SURGEON'S FINAL REPORT AND BILL TO: **HECLA MINING COMPANY**

**STAR ROUTE, BOX 18A — HEBER CITY, UTAH**

Statement of Dr. ....

Name of Employer .....

Name on Injured ..... Age ..... Date of Injury ....., 19.....

Code: O - Office. V - House Visit. H - Hospital Visit. N - Night Visit. X - X-Rays. S - Operation.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JAN.																															
FEB.																															
MAR.																															
APR.																															
MAY																															
JUNE																															
JULY																															
AUG.																															
SEPT.																															
OCT.																															
NOV.																															
DEC.																															

CODE NO.	NO.			
.....	.....	First Treatment @ \$.....	\$	NATURE OF INJURY
.....	.....	Office Dressings @ \$.....		Diagnosis .....
.....	.....	House Visits @ \$.....		.....
.....	.....	Hospital Visits @ \$.....		.....
.....	.....	Night Visits @ \$.....		Describe Treatment .....
.....	.....	Operations @ \$.....		.....
.....	.....	X-Rays (Attach Readings) @ \$.....		.....
.....	.....	Sutures @ \$.....		.....
.....	.....	Total Expense for Medical Aid	\$	

Were X-Rays taken by some other Doctor? ..... Was a prescription given? .....

Date Patient was able to resume work ....., 19.....

Patient pronounced as cured on ....., 19.....

Is Patient capable of doing same work as before injury?..... If not, why? .....

Any permanent injury? Describe fully .....

.....

Dated this ..... day of ....., 19.....

Telephone No. .... Address .....

The doctor should sign this form and mail it to Hecla Mining Company  
on the day of his last treatment of the injured employee.